State/Territory **DELAWARE**

Personal Care Services:

Payment for personal care services is based on a fee for service, the rate for which is set by a rate setting committee (including representatives of the Department of Health and Social Services' Divisions of Social Services, Management Services, and Alcohol, Drug Abuse and Mental Health) on an annual and provider specific basis.

State: DELAWARE

**Reimbursement methodology for *Day Health and Rehabilitation Services* for individuals who sould benefit from services designed for, or associated with Mental Retardation or Developmental Disabilities**

Rates for Day Health and Rehabilitation Services, as defined in Attachment 3.1-A, will be monthly rates established for the defined levels by a rate setting committee composed of representatives of various Division of the Delaware Department of Health and Social Services, including DSS, DMS, and DMR. Per diem rates will be established for clients who are eligible or participating for less than a full month.

Rates are provider specific and are calculated by determining total costs for each provider at each level of service, spread over all clients regardless of Medicaid eligibility.

State DELAWARE

## REIMBURSEMENT FOR FREE STANDING SURGICAL CENTER / AMBULATORY SURGICAL CENTER SERVICES

Delaware Medicaid uses the reimbursement methodology and formulae of the Medicare program, as described in Section 5243 of the Medicare Carriers Manual, in determining per diem rates for payment of Free Standing Surgical Centers (FSSCs) / Ambulatory Surgical Centers (ASCs).

State DELAWARE

**REIMBURSEMENT FOR MENTAL HEALTH CLINIC SERVICES**

Mental Health Clinics authorized by the Division of Alcohol, Drug Abuse and Mental Health (DADAMH) to provide clinic services will be reimbursed by a rate per procedure and unit of service as established by a rate setting committee of the Medicaid Single State Agency, The Delaware Department of Health and Social Services.

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services** are reimbursed as follows:

1. Screening services - fee-for-service.

2. Treatment services - fee-for-service.

3. Dental Treatment - flat fee per year per child to Division of Public Health or a percentage of charges for routine dental services provided in a private dentist's office.

4. Specialized Dental Services - fee-for-service approved through DPH or a percentage of charges if provided directly by a private dentist.

5. Non-State Plan Services

   Reimbursement for services not otherwise covered under the State Plan is determined by the Medicaid agency through review of a rate setting committee. Non-institutional services are paid on a fee-for-service basis using existing or locally assigned HCPCS codes. Institutional services are per diem rates based on reasonable costs. These services include:

   a. Prescribed Pediatric Extended Care - see ATT. 4.19-B, Page 7

   b. Inpatient and Partial Hospital Psychiatric Services - reimbursed on a per diem basis

   c. Outpatient Psychiatric Facility Services - fee-for-service

   d. School-based Health Services - fee-for-service

   e. Mental Health and Drug/Alcohol Rehabilitation Services:
      - Institutional - per diem
      - Non-Institutional - fee-for-service or, if managed by the Department of Services for Children, Youth and Their Families' Division of Child Mental Health, bundled rates (see Attachment 4.19-B, Page 19 Addendum)

## Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

### Bundled Rates for Child Mental Health and Substance Abuse Services

A bundled rate is paid once each month for each Medicaid eligible recipient whose behavioral health treatment is clinically managed by the Department of Services for Children, Youth and their Families' (DSCYF's) Division of Child Mental Health (CMH), and who has received at least one other qualifying mental health treatment service.

Inpatient behavioral health services for recipients under the age of 18 is managed by CMH. Outpatient services up to 30 units are covered in the managed care basic benefit package, and are the responsibility of the managed care organizations. The services included in the CMH bundled rate represent care which exceeds the initial 30 units per year, or is severe enough to require hospitalization or placement in a residential treatment center.

Mental health and substance abuse services provided by the Division of Youth Rehabilitative Services (YRS) or the Division of Family Services (DFS) are not clinically managed by CMH, and therefore currently are not included in the bundled rate reimbursement. Those services continue to be paid fee-for-service until DSCYF is able to bring them into the managed care network.

To develop the bundled rate, historic Medicaid billable costs are divided by Medicaid eligible member months. Billable costs include Administrative costs allocated to Medicaid at the State, department, and division levels, and Direct Service costs of Medicaid clients. Direct Service costs were calculated by multiplying the actual direct service portion of the fee-for-service Medicaid rates by the actual units of service provided to Medicaid eligible children in FY95. Medicaid eligible client months are determined by the assignment of the client to a CMH treatment team and the recording of a service paid by CMH. The cost and associated member months were removed from the data base for children who received 30 or fewer outpatient units or who would not meet the CMH crtiteria for clinical management. YRS and DFS clients receiving rehabilitative services which are not clinically managed by CMH are excluded from the bundled rate calculation.

DSCYF/Medicaid Services Included in the Bundled Rate

Psychiatric Hospital and JCAHO Accredited Residential Treatment
Non-accredited Residential Treatment
Treatment Family Homes
Mental Health Crisis Intervention
Mental Health Day Treatment
Mental Health Outpatient
Clinical Coordination
Assessment
Clinical Behavioral Guidance
Alcohol and Other Drug Accredited Residential Treatment
Alcohol and Other Drug Day Treatment
Alcohol and Other Drug Outpatient
Other behavioral health services as necessary to effectively treat the target population

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Service-**
5. Non-State Plan Services-(cont)

f. Assistive Technology - fee-for-service

g. Orthotics and Prosthetics - fee-for-service

i. Any other medical or remedial care provided by licensed medical providers - fee-for-service

j. Any other services as required by §6403 of OBRA'89 as it amended §1902(a)(43), 1905(a)(4)(B) and added a new §1905(r) to the Act - will be reimbursed as determined be the rate setting committee